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DeVita: It Was Time To Go, And The Action Is Hot At Memorial; Says He'll Work Well With Paul Marks

Vincent DeVita is leaving NCI "because it was the time to go" and because the job that was open to him--physician in chief at Memorial Hospital--offers precisely what he would

(Continued to page 2)

In Brief

Senate Tacks Reauthorization On New Institute Bill, Waxman May Go Along; Abe Goldin Dies

REAUTHORIZATION of biomedical research, including renewal of the National Cancer Act, has been approved by the Senate as a rider to a bill creating a new National Institute of Deafness which previously had been passed by the House. The Senate has asked for a conference to settle the differences, most important of which is the overall reauthorization. Henry Waxman (D-CA), chairman of the House Health Subcommittee, has not introduced the House version of reauthorization and may not. He could go to the conference, accept the Senate reauthorization language or seek modifications to it, without putting in a separate House bill. "That's one of the options," a spokesman for Waxman said. . . ABRAHAM GOLDIN, one of NCI's chemotherapy pioneers, died of cancer Aug. 5 at the NIH Clinical Center. He was 76. Goldin joined NCI in 1949 and retired in 1982 as assistant director for international treatment research. He has been scientist emeritus since then, as well as adjunct professor in the Dept. of Medicine, Div. of Oncology, at Georgetown Univ. Goldin designed experimental models for chemotherapy, developed the concept for combination chemotherapy, and helped organize cancer clinical trials in Europe. . . . PETER VOGT, chairman of microbiology at the Univ. of Southern California, has won the Paul Ehrlich Prize, West Germany's highest award for work in the biomedical sciences, for his studies leading to the discovery of oncogenes. The prize is 90,000 Deutsche marks, approximately $47,000. . . . NIH HAS revised its extramural programs booklet, "Funding for Research and Research Training" (NIH Publication No. 88-33). This publication is a compendium of scientific programs of the NIH components that award grants, cooperative agreements and contracts. It indicates current areas of research emphasis, special interests of each awarding component, and contacts for further information. Copies may be obtained from the Office of Grants Inquiries, Div. of Research Grants, Westwood Bldg Rm 449, Bethesda, MD 20892, phone 301/496-7441.

DeVita Era At NCI One Of New Programs, Remarkable Stability ... Page 4

NCI Facing Extended Time Under Acting Director--Maybe ... Page 5

ONS Opposes AMA On "Registered Care Technologist" ... Page 7

NIGMS Awards First Grants For Gene Mapping ... Page 6

New Publications ... Page 8

Program Announcement, NCI Contract Awards ... Page 8

DeVita Says He Will Get Along With Marks, Is Satisfied Being No. 2

(Continued from page 1)
like to do the rest of his career, "transferring technology to the bedside."

He'll do more than that at Memorial, which is part of one of the world's premier cancer centers, the best of them in the opinion of many--Memorial Sloan-Kettering Cancer Center. DeVita will be responsible for "programmatic direction" of a "huge resource, unlike any other in the world," he said.

He is giving up programmatic and every other kind of direction of another huge, unique resource, a job with power and prestige, through which he has become the unquestioned, nationally and internationally number one figure in cancer research and treatment. It was a job he appeared to enjoy immensely, relishing the tasks of making difficult decisions and providing the leadership to generate acceptance of the decisions by those affected, usually enthusiastic acceptance.

The NCI director not only runs the largest of NIH institutes; he is also designated by the National Cancer Act of 1971 as director of the National Cancer Program, a loosely defined effort that encompasses the entire federal government supported research activities throughout the country.

Why, then, is he leaving? That question is being asked in every NCI office and in cancer program offices around the country.

"It was a very difficult decision to make," DeVita told **The Cancer Letter** this week. "It will be difficult to leave NCI."

CL: But you've always known you eventually would leave. You've talked about working in a cancer center. You never intended to work for the government the rest of your life, did you?

"That was a possibility, which I considered seriously." He could have stayed (God and various Presidents willing) until age 65, which would coincidentally arrive with the Year 2000. If all went as planned, he could have left then in glory, with the Year 2000 goals met or surpassed. If they were not, he still would have had the satisfaction of doing his best to achieve the goals he had established for NCI and the National Cancer Program.

DeVita has frequently said that when he left NCI, he would like to devote all his energy to an institution enclosed "by four walls that I can see." His global responsibilities at NCI have meant that "I had to be all things to all people," in administering the broad range of intramural and extramural programs of the Institute.

CL: Why now, and why Memorial?

"This is a very exciting time in cancer research. I want to be somewhere where the action is hot, and it is hot at Memorial."

Now is when Memorial could offer a position attractive to DeVita. Samuel Hellman's departure to become dean of the Univ. of Chicago School of Medicine opened up a job which Memorial had discussed with DeVita six years ago, before Hellman left Harvard to accept it.

"I had been NCI director only two years then, and I wasn't ready to leave," DeVita said.

CL: Why so quickly, with only three weeks notice?

"There is no point in staying in a job once you have made up your mind to leave. There are decisions to be made that shouldn't be made by someone who is leaving. The magnitude of what has to be done at NCI every day is enormous."

"My model on this was Gordon Zubrod. He resigned (as director of the Div. of Cancer Treatment) on Monday morning, and he was gone by the end of the day."

CL: An acting director who also probably will not be around very long will have to make those decisions, possibly well into next year.

"An acting director can do it well. I had no trouble making decisions as acting director (from January to July, 1980). There are good, strong people at the Cancer Institute. Maryann Roper (acting deputy director) could run it.

[At press time this week, NIH Director James Wyngaarden had not announced who his choice will be as acting director].

CL: Was the fact that a new President will be taking office next January, who may have his own idea on who should be NCI director, a consideration?

"Not a bit. I was appointed by Carter and reappointed by Reagan. I don't want to sound arrogant, but I doubt that whoever is President would ask me to leave, although that is a possibility.

"The decision on when to leave was dictated by the job that was available."

CL: A lot of people are surprised that you are taking a job that is not No. 1 (the physician in chief at Memorial is generally considered as No. 2 in the organization, behind MSK President Paul Marks).

"I have never been No. 1 in my life. I have more bosses than anyone I know."

DeVita was referring to the HHS-PHS hierarchy of NIH director, assistant secretary for health, surgeon general, HHS secretary, President, and possibly also the key congressional committee chairmen, as well as the President's Cancer Panel and the National Cancer Advisory Board. But in the day to day operation of NCI, no one ever had to ask who was No. 1, although DeVita relied heavily on the advice of his Executive Committee (his deputy, administrative officer and division directors).

CL: Paul Marks is not known as the easiest person in the world to get along with (in an article in the "New York Times Magazine" last year, Marks was called "an administrative Rambo" by Jerome DeCosse, noted surgical oncologist who had left Memorial. DeCosse added later, "Paul is the kind of guy who would consider that a compliment").

DeVita quoted a book title: "'If you want to soar with eagles, don't run with turkies.' I've known Paul for years. He's an eagle. He's smart and aggressive. I consider working with him a plus. He has a strong ego. I have a strong ego. I'm sure we will not always agree, but we will have some fun."

CL: There is no understanding between you and Marks, or you and the MSK board, that you will move into his job at some particular time?

"That was never an issue. I'm taking the job that was offered, and that's all I'm interested in. I don't like to be in the position of working in one job while waiting to move to another."

CL: The "Times" speculated that your compensation package would be more than $400,000 a year (which was the amount reportedly being paid to Hellman). Would you care to comment on that?

DeVita laughed. "For the first time in my life, my salary will not be a matter of public record (It is about $90,000, with benefits, as a two star admiral in the Public Health Service). No, I won't comment."

CL: No season tickets to the Met (DeVita is an opera devotee)? No apartment in Trump Towers?

"Keep talking, that sounds great. No, none of those. I'm going to have to buy my own opera tickets."

Marks responded to the criticism. "One shouldn't confuse striving for excellence and high standards with being difficult to work with," he told **The Cancer Letter**. "Clearly, Vince and I feel we can work well together. We complement each other in our professional strengths. We do feel we can work effectively together."

Marks said he has no plans to leave his job as president. "I'm looking forward to working with Vince for a number of years." He said he has an understanding with the MSK board--"I wouldn't call it a contract"--which assures him of staying as president for at least six more years.

Marks acknowledged that DeVita had been considered for the position six years ago, before it was offered to Hellman. "He indicated he was not interested in leaving NCI then. Now, after eight years as director, he was ready. This will get him closer to a situation where he could impact new approaches to cancer treatment. This is a different approach than he has had, at a different level."

Comparing DeVita's decision to his own, when he left Columbia Univ. in 1980 as director of its newly designated comprehensive cancer center and as dean and vice president, Marks said "It's a matter of timing, when you have a great sense of accomplishment, you reach a point where you see a lot of challenges, and are looking for a new agenda."

"I'm thrilled, speaking for the entire professional staff at Memorial Sloan-Kettering, and for the Board. Vince coming here is a very positive thing for us. He brings outstanding leadership and clinical skills.

"I am concerned," Marks added, that NCI can recruit someone as good as Vince to be director. There are people who can do it."

In a statement issued by MSK, Marks said:

"We are very pleased that Dr. DeVita, one of the country's outstanding oncologists, clinical investigators and academic administrators, has accepted this key position at Memorial Sloan-Kettering.

"Dr. DeVita comes to Memorial at a very important time when advances in several areas of cancer research are providing important new approaches for cancer diagnosis and treatment. In his role as physician in chief, Dr. DeVita will provide direction for Memorial Sloan-Kettering's continuing efforts to achieve control and cure of cancer in a most effective and productive manner--to yield the best in patient care, investigation and training."

Benno Schmidt, chairman of the MSK Boards of Overseers and Managers, expressed enthusiasm about the appointment.

"I worked closely with Dr. DeVita for 10 years during my service as chairman of the President's Cancer Panel," Schmidt said. "I saw first hand what an enormously capable and creative doctor and scientist he is. He brings to our institution very unique and important assets."

DeVita said, in the MSK release, "Memorial Hospital is the finest resource of its kind in the world and I'm proud to be part of its rich tradition. I look forward to the challenge we all face, to transfer modern technology from bench to bedside for the benefit of cancer patients."

Every NCI staff member has received this letter from DeVita:

"On 10 August I tended by resignation to the President as director of the National Cancer Institute. It has been a rare privilege to have served as your director for the past eight and a half years.

"The scientific quality of NCI is unmatched in the world. You have given unstintingly of your time and effort to assist me in giving voice to the National Cancer Program, and I feel very much a distillation of all of you and will carry that proud image throughout the rest of my career.

"You have my deepest gratitude and warmest admiration. Take care of our national treasure."

DeVita NCI Era One Of New Programs And Remarkable Stability In Top Staff

"The company sure has changed. Maggio is dead. Pruitt is dead. The captain and Stark are transferred. You and me and the first sergeant are the only ones left."

"Well, what did you expect? That we would all stay here together, grow old together and go off to the old soldier's home together?

--From the novel, "From Here to Eternity"

NCI folks this week are having a hard time imagining the Institute without Vince DeVita. It is probably accurate to say that no one in NCI's 51 year history had the impact on the organization that he did. It was obvious that few had ever had many thoughts of life after DeVita at NCI.

"This is a great loss to NCI," Div. of Cancer Etiology Director Richard Adamson said. "His scientific and clinical input has been tremendous, and he is a strong leader and administrator."

Adamson's words were on every NCI staff member's lips. DeVita is a rare combination of a superb scientist who is also an outstanding administrator and a charismatic leader.

DeVita's stamp on NCI and the National Cancer Program is easily seen in the programs initiated either by him or his executives with his encouragement: the Community Clinical Oncology Program, PDQ, Biological Response Modifiers Program, Radiation Research Program, chemoprevention clinical trials, streamlining and refocusing of treatment clinical trials, minority research and training programs, redirection of the Cancer Control Program toward research, development of minority cancer centers, are some of those efforts.

The most controversial initiative undertaken by DeVita during his tenure as director dealt with the Organ Systems Program. He talked first about abolishing it, then went along with keeping it but with changes. The present version was adamantly opposed by participants of the program, but most of them now appear to be convinced by DeVita and Brian Kimes, who is heading the staff coordination of it, that it has been strengthened by making it an institute wide effort.

All this came in DeVita's career after his superlative work in developing chemotherapy regimens for Hodgkin's disease and other lymphomas, work that has won him a string of national and international awards.

When, as chief of the Medicine Branch, DeVita was offered the job of Div. of Cancer Treatment director by Frank Rauscher, he was reluctant because he did not want to give up his clinical work. He accepted when Rauscher gave him the additional title of NCI clinical director. DeVita kept that title after moving up to NCI director, making rounds and staying involved as much as possible. Samuel Broder, director of DCT's Clinical Oncology Program, has been deputy clinical director.

After his appointment as director by Jimmy Carter in 1980, DeVita set about to remake the Institute, if not in his own image at least with his own people for the most part. The result has been a remarkable degree of stability, considering the average turnover in the government. Only one of DeVita's major appointments has departed, Jane Henney, his first deputy, now acting dean of the Univ. of Kansas School of Medicine.

An early action was to bring Philip Amoruso back from the National Library of Medicine. Amoruso had been DCT administra-

tive officer under DeVita, who named him NCI asociate director for administrative management. He replaced long time executive officer Calvin Baldwin, who had moved up to NIH headquarters as chief administrative officer.

DeVita made the decision immediately that Alan Rabson should stay on as director of the Div. of Cancer Biology & Diagnosis. Rabson was appointed to that job in 1974 by Rauscher, and probably has by now set an all time NCI record for tenure as a division director.

Richard Adamson, director of the Div. of Cancer Etiology; Bruce Chabner, director of the Div. of Cancer Treatment; Barbara Bynum, director of the Div. of Extramural Activities; and Peter Greenwald, director of the Div. of Cancer Prevention & Control all were DeVita's first and only appointees in those positions.

Many basic scientists, and others interested in prevention and control, were apprehensive when DeVita took over the NCI helm, fearing that he would emphasize treatment research at the expense of their respective interests. In fact, the opposite occurred.

The big spurt in NCI budget growth which occurred immediately after adoption of the National Cancer Act of 1971 quickly leveled off, and by 1980 the budget was not growing at all. Considering the double digit inflation of the times, the budget was regressing.

DeVita promised then, and has been saying it regularly ever since, that basic research was NCI's No. 1 priority. Growth in RO1s and PO1s, as reflected in their annual allocations, prove that he kept his word. Much of the contract supported research was phased out, and the money moved into the grants pool.

DeVita saw to it that prevention research was stepped up and was particularly interested in getting chemoprevention trials under way as soon as promising agents could be identified.

The cancer centers budget, while still not adequate, has doubled during DeVita's time as director.

Meanwhile, the clinical trials budget has grown only marginally, except for the additional funds that came with CCOP and the Cooperative Group Outreach Program.

DeVita leaves with several problems unresolved:

*Clinical trials accrual. Have the efforts over the past year, with the designation of high priority trials, payment based on accrual, and more flexible cooperative group participation, been enough to result in the increases needed? The principals involved in those efforts remain--DCT Director Bruce Chabner, Cancer Therapy Evaluation Program Director Robert Wittes, Clinical Investigations Branch Chief Michael Friedman. Their efforts have benefitted from DeVita's repeated harangues wherever he had an audience, and from his strong support in general. Will a new director provide that kind of leadership?

*New comprehensive cancer center indicators (or characteristics), and the process for recognising them. The National Cancer Advisory Board is in the midst of developing these, and presumably will continue. But the final decisions must be made by the NCI director. If the recommendation is to proceed with the suggestion that comprehensive recognition be tied to the P60 core grant, which is opposed by many center directors, it would take an especially strong (or thick skinned) acting director to make that decision.

*Location within NCI of the Cancer Centers Program, and the other resource programs now in DCPC--CCOP, construction, training. DeVita had indicated his preference was to bring them into his office, but was waiting until the NCAB had a chance to consider that issue.

NCI Once Again Facing Extended Time Under Leadership Of Acting Director

There will be life after DeVita at NCI, but those charged with the job of finding a new director should not worry too much about finding a DeVita clone. One does not exist.

Fortunately, there are many good people, both within NCI and on the outside, who could provide the leadership needed to continue the momentum of the National Cancer Program. The major problem now is one of timing--with a new Administration coming up, it seems unlikely that anyone will be selected before the next President is inaugurated Jan. 20.

The situation parallels that of October, 1976, when Frank Rauscher resigned as NCI director to join the American Cancer Society as senior vice president for research.

In that case, Rauscher had let it be known for months that he was going to leave. Benno Schmidt, chairman of the President's Cancer Panel, had been quietly interviewing prospects, and he had his choice all lined up--Arnold (Bud) Brown, then a scientist with the Univ. of Minnesota.

President Gerald Ford had agreed to

appoint Brown, but the election in which he faced Jimmy Carter was less than a month away. Ford could guarantee Brown's job for four months, at the most.

Brown asked Schmidt if he could get Carter's guarantee to keep him on. Schmidt tried, but the Carter camp declined to make any decision before inauguration, although not ruling Brown out.

Deputy Director Guy Newell thus was named acting director. And by the time the new Carter Administration took six months to get its act together and appoint Arthur Upton, Newell had served nine months as acting director.

It was not the most comfortable situation for Newell. He never knew when he went to work every day whether he would at the end of the day be (a) still acting director, (b) back to deputy director, (c) out on the street. As it turned out, Upton kept him on as his deputy until Newell was offered the position as head of prevention at M.D. Anderson, a job he still holds.

Although there were not many new initiatives during Newell's time as acting director, he did hold things together and made some tough decisions when he had to. When he stepped down, Schmidt lavished praise on him for the excellent job he had done in a difficult time.

An acting directorship under one of the senior NCI executives could turn out just as well, if not better. At best, however, an extended period of uncertainty would not be helpful, and could be severely damaging to a program in which administrative delays slow research progress, at who knows what cost in lives lost unnecessarily.

There is no logical reason why President Reagan cannot request both George Bush and Michael Dukakis to assure a director appointed before the election that he/she will be retained. It is not a political appointment, and does not require Senate ratification. Those charged with the task of recommending a candidate to the President presumbably will come up with the best available scientist administrator, and that would be the same person before or after Jan. 20.

There is one possibility with close ties to both tickets, who thus would almost be assured of getting advance approval, and who just might be the best choice in any case--Charles LeMaistre, president of the Univ. of Texas M.D. Anderson Cancer Center.

LeMaistre has unquestioned credentials--for 10 years, he has successfully run one of the world's largest and best cancer centers, building on the outstanding organization created by Lee Clark and enhancing it by recruiting some of the country's finest scientists and oncologists. He is a past president of the American Cancer Society, and his credentials in the war on cancer go back to the first surgeon general's report naming cigarette smoking as a major health hazard, when he served on the committee which pulled together the information needed for that 1964 declaration.

LeMaistre has good relationships with both Bush, who claims Texas as his home state, and Lloyd Bentsen, U.S senator and vice presidential candidate from Texas, and who presumbably has some influence with the top of the Democratic ticket.

LeMaistre, at 64, has six years left before M.D. Anderson's mandatory retirement age. He has said that he has "never been happier" than during his time there. "It's the best job I have ever had. I am immensley content." His availability, therefore, is uncertain, but he should be on anyone's list of prospects.

Add to the prospects from within NCI (listed in the August 12 Extra of **The Cancer Letter**) the name of Samuel Broder, director of NCI's Clinical Oncology Program and another NCI young superstar.

Correction: The statement was made in the Extra that the President's Cancer Panel is charged by the National Cancer Act with recommending NCI director appointments to the President. That language was in the National Cancer Act of 1971 originally, but it was left out in a subsequent amendment. There is nothing to prevent the Panel from making a recommendation anyway.

NIGMS Awards First Grants Under Special Gene Mapping Initiative

The first research grants awarded under a special gene mapping initiative of the National Institute of General Medical Sciences started last month. This initiative is supported by a $17.2 million congressional appropriation to NIGMS for the 1988 fiscal year.

Gene mapping, the process of pinpointing the specific locations of genes on chromosomes, enables scientists to learn more about genes involved in inherited disorders and may lead to new means of diagnosing, treating and preventing such disorders. Knowing the locations of genes also provides a wealth of

information on the genetic makeup of humans.

The new awards are a component of NIH's efforts to characterize the genomes of humans and model organisms such as yeast, fruit flies and mice. In addition to gene mapping, this endeavor involves the development of new tools for and approaches to genome analysis, as well as the determination of the sequence of subunits of DNA.

The current efforts to characterize complex genomes are an outgrowth of studies in the underlying fields of molecular genetics and gene expression that have been supported by NIH, and in particular by NIGMS, for more than 20 years. This research has already led to greatly improved strategies for studying human genetics and inherited disorders. While most research done in the past has focused on locating specific genes of interest, the new initiative will support a more systematic approach that involves mapping all of an organism's genes.

The gene mapping initiative will be facilitated by several NIH supported research resources. These include a genetic sequence data bank; a repository of cells from persons with genetic diseases; repositories of specific segments of DNA; and computer hardware and software programs that enhance communication and data exchange among biomedical reseachers.

The new awards, which are for three to five years are as follows (amounts represent direct and indirect costs for the first year only):

*Frederick Blattner, Univ. of Wisconsin (Madison), "Determination of the complete sequence of E. coli," $540,410.

*Helen Donis-Keller, Collaborative Research Inc., Bedford, MA, "Complete genetic linkage map of the human genome," $381,197.

*David Housman, Massachusetts Institute of Technology, "Genetic mapping and DNA structure of human chromosome 11," $390,683.

*Richard Kolodner, Dana-Farber Cancer Institute, "Enzymology of mismatch repair in yeast," $190,637.

*Alan Lapedes, Los Alamos National Laboratory, "Genetic databases: applications for machine learning," $350,770.

*Richard Roberts, Cold Spring Harbor Laboratory, "Search for new restriction endonucleases," $213,026.

*David Schlessinger, Washington Univ., "Human genome analysis with YAC clones," $723,160.

*David Ward, Yale Univ., "Affinity purification of large fragments of human DNA," $222,945.

ONS Opposes AMA On New Care Provider, Will Seek Alternatives

The Oncology Nursing Society has come out swinging against the American Medical Assn.'s decision to establish a new category of health care providers, "registered care technologist" (RCT).

AMA intends to set up pilot programs to train RCT's as an effort to make up for nurse shortages. Nine months of training for beginning levels could quickly expand the pool of bedside caregivers who could the routine work nurses are required to do which does not require the higher level of training for nurses, AMA reasoned. Also, proponents said, RCT's would be paid less.

ONS, the American Nurses' Assn. and 44 other national nursing organizations don't like it.

"Although ONS shares the same concerns as AMA in relation to the nursing shortage," ONS President Deborah Mayer said, "the Society has taken this stance because the establishment of the RCT position is unnecessary, duplicative, costly and can only serve to fragment patient care. Most importantly, the RCT proposal does not address the increased demand for qualified registered nurses at the bedside.

Financial Commitment

"A major concern of the ONS leadership is how to support oncology nurses in caring for people with cancer in the face of the nursing shortage," Mayer continued. "The ONS board of directors, on behalf of its membership, has made a substantial financial commitment to support national nursing organizations and others in opposing the RCT proposal and in developing alternate strategies to help alleviate the registered nurse shortage."

Susan Baird, editor of the ONS journal, "Oncology Nursing Forum," added this comment in an editorial appearing in the current issue of the publication:

"AMA says the opportunity to work with physicians will be an attractive feature of RCT practice. It's hard to believe there will be a long line of prospective students to train for positions that entail some of the work of nursing but that fail to address the most rudimentary of problems underlying the nursing shortage--workload, salary, alternative career options, and lack of financial support for education."

New Publications

"Tumor Promoters: Biological Approaches for Mechanistic Studies and Assay Systems," edited by Robert Langenbach, Eugene Elmore and Carl BArrett. Raven Press, 1185 Avenue of the Americas, New York 10036, phone 212/930-9500.

From CRC Press, 2000 Corporate Blvd. NW, Boca Raton, FL 33431, phone toll free 1-800/272-7737 continental U.S.; Florida residents, call collect 407/994-0563:

"In Vitro Models for Cancer Research," edited by Mukta Webber and Lea Sekely. No price listed.

"Tin and Malignant Cell Growth, edited by J.J. Zuckerman, $135 U.S., $160 elsewhere.

NCI CONTRACT AWARDS

Title: Cancer Information Dissemination & Analysis Center (CIDAC) for carcinogenesis and cancer biology
Contractor: Information Ventures Inc., $3,123,802

Title: Epidemiologic survey for human retroviruses
Contractor: Research Triangle Institute, $2,249,995

Title: Phase 1 clinical trial of GM-CSF
Contractors: UCLA, $347,520; Cleveland Clinic, $306,393; New York Univ. Medical Center, $434,859

Title: Research support services for diet, nutrition & cancer prevention
Contractor: Prospect Associates, $1,982,802

Title: Hyperthermia quality assurance program
Contractor: Allegheny-Singer Research Institute, $1,829,514

Title: Patterns of care study in radiation oncology
Contractor: American College of Radiology, $2,936,534

Title: Tracing through credit bureaus to determine current vital status, current address and phone number of chemical industry workers
Contractor: Equifax Inc., $17,925

Program Announcement

Title: Small grants program for epidemiology
Application receipt dates: Oct. 1, Feb. 1, June 1

The Div. of Cancer Etiology first invited small grant applications relating to cancer epidemiology in February 1986. Applications responding to this reissuance are invited beginning Oct. 1, 1988.

This is a short term award, not to exceed three years, intended to provide support for pilot projects, testing of new techniques, or innovative or high risk projects which could provide a basis for more extended research. Investigators are eligible to apply for a small grant to support research on a topic relevant to cancer etiology if they are interested in:

1. Planning a complex epidemiologic investigation.
2. Developing/validating a laboratory or statistical procedure with potential for improving the quality of cancer epidemiologic research.
3. Obtaining rapid funding for a question relevant to cancer epidemiology. Situations in which rapid funding is needed include, as examples, the availability of special personnel for limited time periods, rapidly evolving research leads on tipics such as AIDS, or time limited access to an important resource.
4. Analyzing previously collected data for epidemiologic purposes, such as combining data from multiple studies to examine consistency or strength of observed associations.
5. Resolving methodologic problems, such as documenting the accuracy of a customary procedure in preparation for use in epidemiologic research; or evaluating the effect of cancer diagnosis and/or treatment on risk factor estimates derived from case control studies.

Applications not meeting one of the criteria stated above, or failing to meet the page limitations specified in this announcement, will be returned without undergoing committee review.

Funds may be used for personnel, supplies, small equipment, and travel required by the project. The normal duration of support is two years but applications may be made for up to three years if the total direct costs for the project period do not exceed $50,000. Grants may be renewed. Projects involving the development of a laboratory procedure for use in epidemiologic research may request modest costs for a period of intensive orientation for one or more collaborating investigators to facilitate transfer of new techniques when it is clearly justified by the complexity of the task and details of the orientation are included in the proposal. NCI expects to make approximately five awards from each review cycle. Except as otherwise stated in this announcement, awards will be administered under PHS grants policy.

Applications will be reviewed for scientific and technical merit by a committee convened by NCI and consisting primarily of nonfederal scientists. All applications will be evaluated with respect to the following:

1. The significance of the investigator's research goal and the insight with which that goal is elucidated.
2. The practicality and likelihood of accomplishing the small grant aims.
3. The value of the information the investigator proposes to derive from the small grant, in the context of the research goal.
4. The adequacy and appropriateness of the methodology for achieving the purposes of the small grant.
5. The investigator's background and training for carrying out the proposed activities.
6. The appropriateness of the research team and the evidence of effective communication in proposing the research.
7. The adequacy of the facilities and resources available to the small grant.
8. The adequacy of specific budget justifications.

Two sets of copies of the application (form PHS-398, revised 9/86) are required as follows: One, with four signed photocopies in one package to the Div. of Research Grants, NIH, Westwood Bldg Rm 240, Bethesda, MD 20892; the other, with two photocopies, to Referral Office, Grants Review Branch, NCI, Westwood Bldg Rm 820, Bethesda, MD 20892, phone 301/496-3428.

Inquiries about whether specific research ideas meet the eligibility criteria may be directed to Dr. Genrose Copley, NCI, Executive Plaza North, Rm 535, Rockville, MD 20892, phone 301/496-9601.

The Cancer Letter _Editor Jerry D. Boyd   Associate Editor Patricia Williams

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